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Bib Data Sheet

CONFIRMATION NO. 7687

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|--|---|------------------------------------|---|---|
| SERIAL NUMBER 09/943,080 | FILING DATE 08/30/2001 RULE | CLASS 436 | GROUP ART UNIT 1743 | ATTORNEY DOCKET NO. RDID01056US |
| APPLICANTS Carlo Effenhauser, Weinheim, GERMANY; Heinz-Michael Hein, Weinheim, GERMANY; Harl-Heinz Koelker, Gruenstadt, GERMANY; Frank Deck, Niederkirchen, GERMANY; | | | | |
| ** CONTINUING DATA ***** ** FOREIGN APPLICATIONS ***** GERMANY 101 34 650.6 07/20/2001 | | | | |
| IF REQUIRED, FOREIGN FILING LICENSE GRANTED ** 10/04/2001 | | | | |
| Foreign Priority claimed <input type="checkbox"/> yes <input type="checkbox"/> no 35 USC 119 (a-d) conditions met <input type="checkbox"/> yes <input type="checkbox"/> no <input type="checkbox"/> Met after Allowance Verified and Acknowledged _____ Examiner's Signature Initials | | STATE OR COUNTRY GERMANY | SHEETS DRAWING 4 | TOTAL CLAIMS 12 |
| INDEPENDENT CLAIMS 2 | | | | |
| ADDRESS Roche Diagnostics Corporation 9115 Hague Road, Bldg. D P.O. Box 50457 Indianapolis ,IN 46250-0457 | | | | |
| TITLE System for withdrawing small amounts of body fluid | | | | |
| FILING FEE RECEIVED 870 | FEES: Authority has been given in Paper No. _____ to charge/credit DEPOSIT ACCOUNT No. _____ for following: | | <input type="checkbox"/> All Fees <input type="checkbox"/> 1.16 Fees (Filing) <input type="checkbox"/> 1.17 Fees (Processing Ext. of time) <input type="checkbox"/> 1.18 Fees (Issue) <input type="checkbox"/> Other _____ <input type="checkbox"/> Credit | |